

CONTINUATION OF AIS

Date: _____

Dear (Name of Parent/Guardian),

_____ (Full name of student) has been recommended to continue receiving Academic Intervention Services through the following program(s): (listing program)

Your student will continue to receive Academic Intervention Services based on the following criteria: (list criteria/rationale)

_____ (Staff member) will be responsible for providing the above named Academic Intervention Services. _____ (student name) will be scheduled to receive (list service/s, add times, etc). If you have any questions, please contact (staff member/telephone number).

Sincerely,